

CLAIMS ONLY

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS

	CLAIMS							* IND. <input type="text"/> DEP. <input type="text"/> IND. <input type="text"/> DEP. <input type="text"/> IND. <input type="text"/> DEP. <input type="text"/>		
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2		1					52			
3		1					53			
4		1					54			
5		1					55			
6		1					56			
7		1					57			
8		1					58			
9		1					59			
10		1					60			
11		1					61			
12		1					62			
13		1					63			
14		1					64			
15		1					65			
16		1					66			
17		1					67			
18							68			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47		1					97			
48							98			
49							99			
50							100			
TOTAL IND.	1		↓		↓		TOTAL IND.		↓	
TOTAL DEP.	16	↔		↔		↔	TOTAL DEP.		↔	
TOTAL CLAIMS	17						TOTAL CLAIMS			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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